

FORM D PROCESSED OCT 2 5 2008 E

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

08049971

OMB APPROVAL OMB Number: 3235-0076 Expires: Estimated average burden hours per response.....16.00

SEC USE ONLY					
Prelix		Seriel			
DATE RECEIVED					

UNIFORM LIMITED OFFERING EXEMPTION
Name of Offering (check if this is an amendment and name has changed, and indicate change.)
Senior Subordinated Note and Warrant
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE
Type of Filing: New Filing Amendment
A. BASIC IDENTIFICATION DATA
1. Enter the information requested about the issuer
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)
Border Media Partners, LLC
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
9426 Old Katy Road, Bldg. 10, Houston, Texas 77055 (713) 468-4565
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Telephone Number (Including Area Code)
Same
Brief Description of Business
• •
Type of Business Organization
corporation limited partnership, already formed of other (please specify);
business trust limited partnership, to be formed Limited Liability Company
Month Year
Actual or Estimated Date of Incorporation or Organization: 02 02 Actual Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:
CN for Canada; FN for other foreign jurisdiction)
GENERAL INSTRUCTIONS
Federal:
Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C 77d(6).
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities
and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date or which it is due, on the date it was mailed by United States registered or certified mail to that address.
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.
Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of

ATTENTION -Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Filing Fee: There is no federal filing fee.

this notice and must be completed.

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)
Business or Residence Address (Number and Street, City, State, Zip Code) 85 Broad Street, New York, New York 10004
Full Name (Last name first, if individual) Jordan, Kevin
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Asnaging Pariner
85 Broad Street, New York, New York 10004 Check Box(es) that Apply: Beneficial Owner
Business or Residence Address (Number and Street, City, State, Zip Code)
Full Name (Last name first, if individual) The Goldman Sachs Group, Inc.
Check Box(es) that Apply: Promoter Weneficial Owner Executive Officer Director General and/or Director General and/or
Business or Residence Address (Number and Street, City, State, Zip Code) 9426 Old Katy Road, Bldg. 10, Houston, Texas 77055
Full Name (Last name first, if individual) Garza, Rafael G.
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
Business or Residence Address (Number and Street, City, State, Zip Code) 9 Church Street, P.O. Box HM 951, Hamilton HM DX, Bermuda
Full Name (Last name first, if individual) DBVA BMP Holdings, LLC
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
9426 Old Katy Road, Bidg. 10, Houston, Texas 77055
Business or Residence Address (Number and Street, City, State, Zip Code)
Full Name (Last name first, if individual) Caston, Thomas H.
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
9426 Old Katy Road, Bldg. 10, Houston, Texas 77055
Business or Residence Address (Number and Street, City, State, Zip Code)
Full Name (Last name first, if individual) Armstrong, Richard
Managing Partner
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
Business or Residence Address (Number and Street, City, State, Zip Code) 245 Park Ave., 41st Floor, New York, New York 10167
Full Name (Last name first, if individual) Alpert, Norman W.
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
Each general and managing partner of partnership issuers.
• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.
Each promoter of the issuer, if the issuer has been organized within the past five years;
2. Enter the information requested for the following:
Control of the state of the s

		A. BASIC ID	ENTIFICATION DATA		
2. Enter the information r	equested for the fo	llowing:			
 Each promoter of 	the issuer, if the is	suer has been organized w	ithin the past five years;		
Each beneficial ov	vner having the pov	ver to vote or dispose, or di	rect the vote or disposition	of, 10% or more o	f a class of equity securities of the issuer
Each executive of	ficer and director of	f corporate issuers and of	corporate general and ma	naging partners of	partnership issuers; and
Each general and	managing partner of	of partnership issuers.	-		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	✓ Director	General and/or Managing Partner
Full Name (Last name first, Lastres, Julio	if individual)				
Business or Residence Address 9 Church Street, P.O. Be	•				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, O'Keefe, Kenneth J.	if individual)				
Business or Residence Addr	ess (Number and	Street, City, State, Zip Co	ode)		······································
245 Park Ave., 41st Floo	or, New York, Ne	ew York 10167			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Peña, Federico	if individual)				
Business or Residence Addr	ess (Number and	Street, City, State, Zip Co	ode)		
245 Park Ave., 41st Floo	or, New York, Ne	w York 10167			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Sanchez, Pete					
Business or Residence Address 9426 Old Katy Road, Blo	•	· · · · · · · · · · · · · · · · · · ·	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	✓ Director	General and/or
	_	_	_		Managing Partner
Full Name (Last name first, Sanchez, III, Tony	if individual)				
Business or Residence Addre			ode)		
P.O. Box 2986, Laredo,	Texas 78044-29	86 			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Vestar Capital Partners,	' - '				
Business or Residence Address 245 Park Ave., 41st Floor		· · · · · · · · · · · · · · · · · · ·	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Villanueva, Daniel L.					
Business or Residence Addre 710 Chaucer Road, San	•		ode)		
	(Use bla	nk sheet, or copy and use	additional copies of this s	heet, as necessary)	

17	1.2	(3-5-3-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	<u>.</u>		B. 1	NFORMAT	ON ABOU	T OFFERI	NG			Maria de la Companio	
							41.		.1. 66			Yes	No
1.	Has the	issuer sold	l, or does t			ll, to non-a							図
•	1171 .4 !=	41				Appendix						s 25,	00.00
2.	what is	the minim	um invesin	neni inai w	in be acce	pted from a	iny maivid	iuai /		***************************************		Yes	No
3.	Does th	e offering	permit join	t ownershi	p of a sing	le unit?							2
4.											irectly, any		
						-					he offering. with a state		
	or states	, list the na	me of the b	roker or de	aler. If me	ore than five	e (5) persoi	ns to be list	ed are asso		ons of such		
E.,II			you may s first, if ind		- miorman	on for that	Droker or		7.				
run	Maille (1	Last Haine	iiist, ii iiid	ividual)									
Bus	iness or	Residence	Address (N	lumber and	i Street, C	ity, State, Z	Cip Code)						
Nan	ne of Ass	ociated Br	oker or De	aler							,		
Stat	es in Wh	ich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	" or check	individual	States)	·						☐ All	l States
	AL	AK	AZ	AR	CA	[CO]	CT	[DE]	DC	(FL)	GA	HI	[ID]
	IL	ĪN	IA	[KS]	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	ŊΥ	NC	ND	OH	OK.	<u>ÖR</u>	PA
	RI	SC	[SD]	TN	TX	UT]	(VT)	VA	WA	WV)	WI	WY	PR
Full	Name (I	Last name	first, if ind	ividual)									
Bus	Business or Residence Address (Number and Street, City, State, Zip Code)												
													
Nan	Name of Associated Broker or Dealer												
Stat	es in Wh	ich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)							☐ All	l States
	AL	AK	ΑZ	AR	CA	CO	[CT]	DE	DC	FL	GA	ПП	ΠD
		IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	ŌK	ÖR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Fuil	Name (I	ast name	first, if ind	ividual)						· · · · -			
Dun		Dacidanca	Address (Number on	d Stead C	ity State '	7in (Code)						
Business or Residence Address (Number and Street, City, State, Zip Code)													
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individual States)													
	AL	AK	ΑŽ	ÁR	CA	[CO]	ĊT	DE	DC	FL	GA	HI	ID
	IL)	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
	RÏ	SC	SD	TN	TX	[UT]	VT	VA	WA	WV	Wi	WY	PR

C OFFERING PRICE NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Aggregate Offering Price	Amount Already Sold
Debt	17,025,000.00	\$ 17,025,000.00
Common Preferred		
Convertible Securities (including warrants)	<u> </u>	\$
Partnership Interests		\$
Other (Specify)	<u> </u>	\$
Total	17,025,000.00	\$ _17,025,000.00
Answer also in Appendix, Column 3, if filing under ULOE.		
Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number	Aggregate Dollar Amount of Purchases
A DATE OF		\$ 17,025,000.00
•		
		s
		\$
If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
Type of Offering	Type of Security	Dollar Amount Sold
Rule 505		\$
Regulation A		s
Rule 504	······································	\$
Total		\$_0.00
a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees		\$_0.00
Printing and Engraving Costs		\$_0.00
Legal Fees	Z	\$_45,000.00
Accounting Fees		\$_0.00
Engineering Fees	-	\$ 0.00
Sales Commissions (specify finders' fees separately)	<u> </u>	\$ 0.00
Other Expenses (identify)		\$ 0.00
		\$ 45,000.00
	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security Debt	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security Debt

	and total expenses furnished in response to Part C — Question 4.a. This proceeds to the issuer."	difference is the "adjusted gross		s 16,980,000.00
5.	Indicate below the amount of the adjusted gross proceed to the issuer cach of the purposes shown. If the amount for any purpose is not ke check the box to the left of the estimate. The total of the payments liste proceeds to the issuer set forth in response to Part C — Question 4.1	nown, furnish an estimate and d must equal the adjusted gross	+ 5 ,	
		• • •	Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees]\$	
	Purchase of real estate	**************************************] S	. []\$
	Purchase, rental or leasing and installation of machinery and equipment		7 5	Пs
	Construction or leasing of plant buildings and facilities			
	Acquisition of other businesses (including the value of securities in offering that may be used in exchange for the assets or securities of issuer pursuant to a merger)	enother ····································]\$	
	Repayment of indebtedness		s 10,000,000	(<u> </u>
	Working capital		5 6,980,000.0	
	Other (specify):	<u>*</u>	\$ <u></u>	, 5
]\$	
	Column Totals		s 16,980,000.	0_s 0.00
	Total Payments Listed (column totals added)		⊘ \$ 16	,980,000.00
2	DEPLOYED IN THE RESERVE OF THE PROPERTY OF THE	IEVATUR DI		
ıgı	issuer has duly caused this notice to be signed by the undersigned duly a nature constitutes an undertaking by the issuer to furnish to the U.S. Seconformation furnished by the issuer to any non-accredited investor pure	urities and Exchange Commiss	ion, poon writte	le 505; the following n request of its staff
	order Media Partners, LLC	/ // // // I	ate October 11, 200	6 :
	me of Signer (Print or Type) Chard Armstrong Title of Signer (P	rint or Type) Ident-Corporate Development	and Secretary	

- ATTENTION —

10.2-03 0			
	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No

See Appendix, Column 5, for state response.

- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to officees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Border Media Partners, LLC	Kin Hamil	October 11, 2006
Name (Print of Type)	Title (Print or Type)	
Richard Armstrong	Senior Vice President-Corporate Developme	ent and Secretary

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.